



Appliadel on 11-4-2019

COMMITTEE ID NUMBER (office use only)

COMMITTEE TYPE (choose one):

	Committee to Flort linds Machon Do
Committee Name (required): (first or last name & office)	Constitute to oferty 18th / Mornery D3
Candidate Information:	Candidate's Name (required): 4/56/6 Norberg
	Candidate's mailing address (required): 17836 Wi acapulco (9 ne
	Candidate's email address (required): Vote Norberg & amoil. com
	Candidate's phone number (required): 602.899.0071
	Candidate's website (if any): WOTENOR PERDS COM
Office Sought (choose one):	
Office Sough (Choose dife).	□ Governor □ Secretary of State □ Attorney General □ State Treasurer □ Superintendent of Public Instruction □ State Mine Inspector □ Corporation Commissioner
	☐ State Senate ☐ State House of Representatives ☐ District (required):
	☐ County Office: ☐ District (if applicable):
	Oct As all
	E City/Town Office: CAY(OV)CI District (if applicable):
Election Cycle for Office Sou	ght (year the election will take place) (required): 2020
Party Affiliation: required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:   ☐ Other: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Committee Name (required): if sponsored, must include	nittee (PAC)
if sponsored, must include ponsor's name)	
f sponsored, must include ponsor's name)	☐ Contributions ☐ Candidate-Related Independent Expenditures
f sponsored, must include ponsor's name) colitical Function (optional):	
f sponsored, must include consor's name)  colitical Function (optional): select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures
f sponsored, must include ponsor's name)  colitical Function (optional): select any that apply)  ponsorship Information:	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
f sponsored, must include consor's name)  colitical Function (optional): select any that apply)  ponsorship Information:	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures  Sponsor's name or nickname (required):
f sponsored, must include consor's name)  colitical Function (optional): select any that apply)  ponsorship Information:	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures  Sponsor's name or nickname (required):  Sponsor's mailing address (required):
f sponsored, must include consor's name)  colitical Function (optional): select any that apply)  ponsorship Information:	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures  Sponsor's name or nickname (required):  Sponsor's mailing address (required):  Sponsor's email address (required):
f sponsored, must include ponsor's name)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required):  Sponsor's mailing address (required):  Sponsor's email address (required):  Sponsor's phone number (if any):
f sponsored, must include ponsor's name)  colitical Function (optional): select any that apply)  ponsorship Information: f applicable)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration)
f sponsored, must include ponsor's name)  colitical Function (optional): select any that apply)  ponsorship Information: f applicable)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
f sponsored, must include ponsor's name)  colitical Function (optional): select any that apply)  ponsorship Information: f applicable)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration)
f sponsored, must include ponsor's name)  colitical Function (optional): select any that apply)  ponsorship Information: f applicable)  pecial Status applicable)  Political Party  committee Name (required):	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration)
f sponsored, must include consor's name)  colitical Function (optional): celect any that apply)  consorship Information: f applicable)  Consorship Information: f applicable)  Consorship Information: f applicable)  Consorship Information: f applicable)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
f sponsored, must include consor's name)  colitical Function (optional): celect any that apply)  consorship Information: f applicable)  Consorship Information: f applicable)  Consorship Information: f applicable)  Consorship Information: f applicable)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration)
f sponsored, must include ponsor's name)  colitical Function (optional): select any that apply)  ponsorship Information: f applicable)  pecial Status f applicable)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
f sponsored, must include ponsor's name)  colitical Function (optional): celect any that apply)  ponsorship Information: f applicable)  Political Party  committee Name (required): count include party affiliation)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration) □ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only) □ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804) □ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

☐ Initial Application	
☐ Amended Application	
Date:	



COMMITTEE ID NUMBER (office use only)

## COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required): 17836 W. Acapulco Lane, Suprise
Contact Information:	Committee's email address (required): VoteNiorberg @ gmail. Com
	1-02 800 1000
	Committee's phone number (if any): 400 + 1000 h 406 D 3 C 1000
	Committee's website (if any): 10 to 100 bb of 103. Committee's website (if any): 10 to 100 bb of 103.
Chairperson's Information:	Chairperson's physical address (required): 17836 W. acapvico Cn. Swprise Az
	Chairperson's mailing address (if different):
	Chairperson's phone number (required): 600.899, 10071
	Chairperson's employer (required): Self employed
	Chairperson's occupation (required): SIF employed
Treasurer's Information:	Treasurer's name (required): 4 \$ \$\frac{1}{2} \$\left( \left( \text{\left( \left( \text{\reft( \reft( \reft( \left( \reft(
rreasurer s mnormation.	Treasurer's physical address (required): 1783 6 W. acapulco (n. Sugrist, Az
	Treasurer's mailing address (if different):
	Treasurer's email address (required): Vote norbers @ Gmail. 10m
	Treasurer's phone number (required): 1000 899. 6077
	Treasurer's employer (required): Selfermy 10400
	Treasurer's occupation (required): Self employed
Bank or Financial Institution:	Bank name (required): Rank of America
(do not list acct numbers)	Additional bank name (ifapplicable): Additional bank name (ifapplicable): Deslet Financial (1)
ä	Additional bank name (if applicable): Desert Financial (
TION AND SIGNATURES:	
t declare under nanatty of ne	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as
chairperson or treasurer of th	e committee named herein, if applicable: (2) designate the above-named committee as my official candidate
committee and authorize it to	receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ng guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S.
§§ 16-901 to 16-938; and (5)	agree to accept all notifications and legal service of process for campaign finance purposes via the email
address(es) provided herein.	
/	aull 166 - 11/4/19
Chairperson's signature:	Date:
Treasurer's signature:	1 MU 1/2 Date: 11/4/19
ireasulei a signature.	1 4 TO 11 - 11.11.
Candidate's signature (if appl	icable): 4 MW 5 Date: 11/4/14

Candidate's signature (if applicable):